

Figure 4: **Neurogenic lower urinary tract dysfunction: treatment of specific problems**

**DEFINE THE ABNORMALITIES THAT REQUIRE TREATMENT**

- In some cases, simple interventions can be trialled without preceding invasive urodynamic investigations (e.g. intermittent catheterisation and antimuscarinic treatment could be introduced in a multiple sclerosis patient with urgency and incomplete bladder emptying).
- Surgical treatments should usually be preceded by video urodynamic assessment.
- Several abnormalities might need treatment (e.g. poor bladder compliance and stress incontinence in a patient with spina bifida).

**POTENTIAL TREATMENT  
OPTIONS FOR NEUROGENIC  
STRESS INCONTINENCE:**

- Pelvic floor muscle training.
- Autologous fascial sling.
- Artificial urinary sphincter.

**POTENTIAL TREATMENT  
OPTIONS FOR NEUROGENIC  
DETRUSOR OVERACTIVITY OR  
POOR COMPLIANCE:**

- Behavioural management programme.
- Antimuscarinic drugs.
- Bladder wall injections of botulinum toxin type A.
- Augmentation cystoplasty.

**POTENTIAL TREATMENT  
OPTIONS FOR IMPAIRED  
BLADDER EMPTYING:**

- Intermittent catheterisation.
- Indwelling urethral or suprapubic catheter.

**Note:** The list of potential treatment options includes treatments that have been reviewed within this guideline. Therefore it is not comprehensive. In particular, treatments that are only offered in highly specialised centres (for example distal urethral sphincterotomy for impaired bladder emptying or the creation of a continent, catheterisable abdominal conduit for intermittent catheterisation) are not included.